



# MENOPAUSE

## Understanding the Change

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As we get older, we may experience many life changes – our children leave the nest, our parents become less independent, our work goals shift – and we have to learn to navigate our new world.

As a woman enters middle age, her body also changes and so do her levels of reproductive hormones. This period comes at a different time for everyone and is called menopause, which signals the end of a woman's menstrual cycle.

Menopause is a natural stage of a woman's life. It's normal to have difficulty accepting the changes that are happening to your body or to feel overwhelmed by emotions and mood swings.

The best way to begin accepting and embracing menopause is to understand exactly what is happening to your body and to remember that it's a normal part of the aging process. Learning more about the changes you're experiencing can help you have a healthy, positive transition.

The team at Emory Healthcare is made of up physicians dedicated to providing high-quality care for women from perimenopause to postmenopause and beyond, and many are certified by the North American Menopause Society. If you have any questions or concerns, your doctor is here to help and will guide you every step of the way.

## MENOPAUSE: PROGRESSION AND SYMPTOMS

### What to Expect During Perimenopause

Perimenopause literally means “around menopause.” Perimenopause begins at a different time for every woman and can last from four to eight years. Some women might notice changes as early as their mid-30s, and others may not notice changes until they’re in their 40s.

You’ll experience a changing level of estrogen in your body during perimenopause, which brings on the most noticeable symptoms like irregular periods. You may also notice changes in your skin, hair, vagina – as well as your ears, eyes, and mouth. It’s also common to experience symptoms such as hot flashes, night sweats or trouble sleeping.

In addition to physical changes, you might experience lower energy levels or sudden mood swings.

### Early Symptoms: Irregular Bleeding

One of the earliest signals you may experience at the beginning of menopause is a change to your periods. This could include:

- An irregular menstrual cycle of less than 21 days
- Bleeding between your menstrual cycle
- Excessive bleeding
- Painful, heavy bleeding

Or, you might not experience any discomfort at all.

These changes may continue until menopause is complete, after you haven’t had a period for 12 months.

Irregular bleeding is most likely triggered by changes in the hormone levels your ovaries are producing. However, if bleeding is excessive, it can sometimes be caused by other issues, including fibroids, polyps, overgrowth of the uterine lining or even atypical cells in the lining of your uterus, which is why it’s important you discuss irregular bleeding with your provider.

## TREATMENTS: HORMONE THERAPY AND ALTERNATIVES

Most women – about 75% – experience symptoms such as hot flashes and night sweats as they approach menopause and estrogen levels in your body change.

For many women, hormone replacement therapy helps reduce symptoms and prevent bone loss. You’ll receive estrogen and progesterone to help treat your symptoms. It’s important to take progesterone (most commonly given in a pill form) in addition to estrogen if you have a uterus and are approaching menopause. With estrogen alone, your risk of endometrial cancer increases.

There are several ways you can receive hormone therapy, and your physician or health care provider will help find the right option for you.

### Hormonal Birth Control

If you’re still having periods, a hormonal birth control can manage your symptoms and prevent pregnancy. Your doctor might prescribe a combined contraceptive pill, patch or the NuvaRing®.

### Hormonal IUD

Another way your doctor might prescribe hormone therapy while you’re still transitioning to menopause is a hormonal IUD along with estrogen in a pill, patch or ring. Given through the vagina or in a patch, this method is safer and preferred for women who can take hormones but may be at higher risk for cardiovascular issues.

### Estrogen-Only Treatment

If you’ve had a hysterectomy and no longer have a uterus, estrogen can be given in a pill, patch or vaginal ring.

### Alternatives to hormone therapy

Although hormone therapy is the standard treatment for the symptoms you experience as your body changes and you reach menopause, many women choose nonhormonal options or have other health conditions that prevent them from using hormone therapy. Some common medical conditions include breast cancer, a history of blood clots or a history of heart disease (such as stroke or heart attack).

For these women, other medications can help ease the symptoms of menopause, including low dose antidepressant medications. In addition, lifestyle changes, like weight loss, exercise and cognitive behavioral therapy can help.







## MENOPAUSE AND YOUR SEX DRIVE

If you're noticing a change in your sex drive, it's common – often (but not always), your desire for sex can decrease as you age. Also, the physical and emotional changes that you're going through as you approach menopause can often have an impact on your sex drive.

Right now, you may also be experiencing many other changes that can cause extra stress – such as aging parents, teenage children or the development of other medical issues. Combined with these changing life dynamics, menopause can be a challenging time for many women, especially if the decline in sex drive they're experiencing causes concern or distress.

There are many kinds of sexual dysfunction in women, including sexual pain disorders, lack of desire, an inability to orgasm and difficulty becoming aroused. A common issue among women in midlife is a condition called sexual interest/arousal disorder or sometimes known as “hyposexual desire disorder.”

Talk to your health care provider about your concerns if you're troubled by your decreased interest in sex and/or decrease in any of the following:

- Sexual thoughts or fantasies
- Initiating sexual activity
- Excitement or pleasure during most sexual activity
- Arousal or response to sexual stimulation or cues, which may be visual or related to other senses
- Physical sensation during sexual activity

### About Sexual Interest/Arousal Disorder

In midlife, women with sexual interest/arousal disorder (previously called hyposexual desire disorder) typically say that they've noticed a loss or major decline in having sexual thoughts, they have less interest in initiating sex and may be less open to sex initiated by their partner. This decline can cause distress and may also be harming their personal relationships, quality of life and overall health.

There are also women with sexual interest/arousal disorder who may not report a loss of desire but are just as bothered by having low or no sex drive.

### Common Treatment Options

Treatment options for this disorder can vary depending on your symptoms – for example, some women may report only physical symptoms, others may be troubled by relationship problems they're experiencing as a result of a low sex drive and some women may describe both.

For physical symptoms, treatments might include medication – although there is no FDA-approved treatment for sexual interest/arousal disorder, many clinicians prescribe testosterone or antidepressants and monitor side effects. For psychological symptoms or relationship problems, your health care provider might recommend sex therapy or psychotherapy, either individually or as a couple.

There are many factors that could contribute to sexual interest/arousal disorder in women, including a wide array of medications, medical conditions, mental health disorders or relationship issues.

## MENOPAUSE AND OSTEOPOROSIS

Staying active is an important part of healthy aging and an important part of reducing your risk of developing osteoporosis, which becomes a bigger health concern for women after they reach menopause.

Osteoporosis is a condition in which you lose bone mass and quality, and it can cause bones to become weak and brittle resulting in fractures.

Some women have additional risk factors that can impact their bone health. These might include:

- Your personal history: For example, if you've previously broken bones or have a family history of osteoporosis.
- Your lifestyle: Smoking, heavy alcohol use (more than two drinks each day for women), and low calcium and low vitamin D intake can all increase your risk. So can getting little or no exercise.
- Physical considerations: If you started your period late or experienced early menopause – either naturally or due to surgery – you are more likely to develop osteoporosis. Additionally, women who have a small frame or a low weight – for example, a body mass index (BMI) of less than 18 – carry increased risk.

### Reducing Your Risk

Vitamin D and calcium are essential to your bone health and prevent the softening of bones and progression to osteoporosis. There are also other ways for you to reduce your risk. Exercise – including walking – is a great way to keep your bones strong. And, if you're a smoker, quitting can improve your health in many ways as well as lowering your chances of developing osteoporosis.

Typically, screening for osteoporosis begins once you reach age 65 (or sooner if you have additional risk factors). Your doctor may consider treatment if you're found to have osteoporosis or have osteopenia and a history of bone fractures and there are a variety of medications that can be used to treat the condition.





## MENOPAUSE AND YOUR CARDIOVASCULAR HEALTH

A healthy lifestyle plays an important part in decreasing your risk of cardiovascular disease.

Because it's so often associated with men's health risks, it can be surprising to learn that cardiovascular disease is the leading cause of death for women.

Menopause doesn't cause cardiovascular diseases, and research indicates that hormone replacement therapy doesn't seem to increase your risk. However, certain risk factors can increase for women around the same time. Also, other lifestyle factors – such as smoking and low activity levels – can start to make an impact on your quality of life as you reach menopause.

Talk with your physician or health care provider if you have a history of:

- High blood pressure
- Type 1 diabetes
- Abnormal blood lipids such as triglycerides or cholesterol
- Heart disease or other cardiovascular disease in your family
- Pre-eclampsia during pregnancy
- Gestational diabetes during pregnancy

Other major risk factors include cigarette smoking, which can make your risk of a heart attack two to six times more than a nonsmoker, or little to no exercise and an inactive or sedentary lifestyle.

### Improving Your Cardiovascular Health

Maintaining a healthy diet and not smoking are two important ways to reach your ideal cardiovascular health. Here are a few other tips:

- Engage in moderately intense physical activity at least 150 minutes each week. This might include riding a bike, hiking, dancing or brisk walking.
- Keep your cholesterol under 200 mg/dL – watching how much saturated fat you consume and eating more fruits, vegetables and whole grains is key.
- Work to keep your blood pressure under 120/80 mm Hg. Regular exercise, a healthy diet, reducing the amount of sodium you consume and limiting your alcohol and caffeine intake can all help lower your blood pressure. You can also add stress reduction techniques such as yoga or meditation to your daily life.
- Keeping a BMI of less than 25 and a waist circumference under 35 inches are common goals.

## PELVIC ORGAN PROLAPSE/INCONTINENCE

One of the physical changes that can often accompany menopause is a change in your pelvic floor function. As levels of estrogen decrease, the tissue in your vagina thins, and this may reduce the strength of the connective tissue that supports it – which can sometimes lead to pelvic organ prolapse.

Pelvic organ prolapse is when one or more organs inside your pelvis slips out of place. This can be caused by many things such as childbirth, heavy lifting, chronic strain, constant coughing, connective-tissue disorders, genetic factors, weight gain or simply getting older.

Symptoms can range from pain and having trouble urinating to emotional distress – and unlike other symptoms of menopause, may increase with age. Symptoms include:

- Feeling pressure or fullness in your pelvis
- Feeling that a ball or lump is sticking out from your vagina
- Difficulty urinating or having a bowel movement
- Urinary incontinence (leaking urine when you cough or use stairs) – although this can happen even without prolapse
- Pain or pressure in your low back
- Pain during sex

### Nonsurgical Treatment

If you're not bothered much by your pelvic organ prolapse, or if surgery is risky due to any medical conditions, nonsurgical treatment might be a good choice for you to help ease your symptoms. They can include:

- **Kegel Exercises**  
Kegels are simple exercises that strengthen muscles in your pelvic floor. When you do a Kegel, you contract your pelvic floor muscles like you would to stop your urine stream. Your health care provider can tell you how many Kegels to do and how long to hold each one. And, during your visits, they can measure your contractions to help you know if you're doing them correctly. This exercise may ease your symptoms and prevent further prolapse.
- **Wearing a Pessary**  
A pessary is a device that helps support the prolapsed organ. It's specially fitted by your health care provider and may ease your symptoms, but it can't repair prolapse. A pessary should also be removed periodically for cleaning, either by you or with the assistance of your health care provider.





## PELVIC ORGAN PROLAPSE/INCONTINENCE (cont.)

### • Lifestyle Changes

Making changes to your lifestyle may ease your symptoms or keep your prolapse from becoming any worse. Some common changes include:

- Quitting smoking to prevent excessive coughing
- Adjusting medication that may cause urine to leak
- Limiting fluid intake if incontinence is a problem – especially limiting drinks with caffeine. You may also try bladder training (emptying your bladder at scheduled times) for incontinence.
- Avoiding any lifting to minimize extra pressure on pelvic muscles
- Exercising and eating well to maintain a healthy weight

### Surgical Treatment

In severe cases of pelvic organ prolapse, surgery may be necessary. Usually, your surgeon will perform the surgery transvaginally or by reaching organs through the vagina. Surgical techniques secure falling organs into their proper positions and restructure their support. Common procedures include surgery for prolapse of the bladder, rectum, intestine or uterus as well as to aid incontinence.

As with all surgeries, there are risks and possible complications.

## PREMATURE OVARIAN INSUFFICIENCY

When a woman experiences menopausal symptoms before age 40, her ovaries may not be functioning the way they should.

Premature ovarian insufficiency is when a woman's ovaries don't produce hormones like estrogen and progesterone at typical levels, or she no longer releases eggs at normal intervals – or maybe at all.

Premature ovarian insufficiency isn't very common in the U.S. and only occurs in about 1% of women. Like menopause, symptoms can include hot flashes, night sweats, sleep disruption and irregular bleeding. This condition can also affect fertility.

Premature ovarian insufficiency can be caused by genetic, metabolic or autoimmune disorders and isn't always fully understood.

## MENOPAUSE AND CANCER SURVIVORS

When women go through cancer treatment, it can impact both the onset of menopause and how it is treated.

Sometimes, cancer treatments can cause early menopause. Cancer treatments can cause you to experience menopausal symptoms such as hot flashes, night sweats, mood swings, sleep disruption, vaginal problems (such as itchiness, dryness or fluid discharge), painful sex and increased risk of osteoporosis. Sometimes, these symptoms can be quite severe.

When these symptoms start, cancer survivors have special consideration in the types of treatment they can receive. For example, most breast cancer patients have a cancer that is sensitive to estrogen. This means they may not be a candidate for hormonal therapy traditionally used to treat the symptoms of menopause. There are alternative treatment options for cancer survivors, and the earlier treatment starts, the more successful it is.

## FINDING YOUR WAY

Entering a new phase in your life can be challenging – but with preparation, guidance and the care of your health care team, you can consider the options right for you.

As with every other transition in life, there are choices available to you. Among them, you and your physician can find effective treatments to help you adjust to your changing body.

Share your feelings and concerns with your physician. Your questions are an important part of your health and will help your doctor work with you and guide you through this change, every step of the way.





